

PIMI FORM 04
HISTORY & PHYSICAL EXAM

FORM 04 NU. 55001

FORM/ITEM	VARIABLE NAME	CODES
	NEWID	Patient ID
	VISDAYS	Days from enrollment date to visit date of Form 04
	EDUCATE	Years of education *
	MARSTAT	Current marital status 1 = Married 2 = Other
5	LIVING	Living arrangements 1 = lives alone 2 = lives with at least one other person
	EMPLOYED	Employed 1 = Full-time 2 = Part-time 3 = Retired 8 = Other
7	DOM_HAND	Dominant hand 1 = Right 2 = Left
8	CLR_BLND	Color blind 1 = Yes, 2 = No
9	HIST SMK	History of cigarette smoking 1 = Yes, 2 = No
9A	MAX-PACK	Maximum packs/day 1 = < 1/2 pack 2 = 1/2 - 1 pack 3 = > 1 pack
9B	NBR_YRS	Number of years
9C	CUR-SMK	Current smoker(within 4 weeks) 1 = Yes. 2 = No

* DATA GROUPED TO PROTECT CONFIDENTIALITY

11 5-11 YEARS OF SCHOOL
12 12 YEARS OF SCHOOL
15 13-15 YEARS OF SCHOOL
27 16-27 YEARS OF SCHOOL

HISTORY & PHYSICAL EXAM (Continued)

FORM/ITEM	VARIABLE NAME	CODES
9D	CUR_PACK	Current packs/day 1 = < 1/2 pack 2 = 1/2 - 1 pack 3 = > 1 pack
9E	LAST-CIG	Time since last cigarette (hours)
10	HIST_TOE	History of pipe smoking, cigar smoking or chewing tobacco 1 = Yes, 2 = No
10A	CUR_TOB	Current use 1 = Yes, 2 = No
10B	LAST_TOB	Time since last use (hours)
11	CUR-GUM	Current use of nicotine gum 1 = Yes, 2 = No
11A	LAST-GUM	Time since last use(hours)
12	HIST_ALC	History of alcohol use 1 = Yes, 2 = No
12A	NBR_DRNK	Number of drinks per week
12B	CUTDOWN	Ever felt you ought to cut down on drinking 1 = Yes, 2 = No
12C	ANNOYED	People ever annoyed you by criticizing your drinking 1 = Yes, 2 = No
12D	GUILTY	Ever felt bad or guilty about drinking 1 = Yes, 2 = No
12E	EYE_OPEN	Ever drank first thing in morning to steady your nerves or get rid of a hangover 1 = Yes, 2 = No
13	HIST_MI	History of MI 1 = Yes, 2 = No, 3 = Unknown
14	HIST_CHF	History of CHF requiring treatment 1 = Yes, 2 = No, 3 = Unknown
15	HIST_HYP	History of hypertension 1 = Yes, 2 = No, 3 = Unknown

HISTORY & PHYSICAL EXAM (Continued)

FORM/ITEM	VARIABLE NAME	CODES
15A	HYP THER	Current therapy 1 = Medicine 2 = Diet 3 = Both 4 = Neither
16	HIST DIA	History of diabetes 1 = Yes, 2 = No, 3 = Unknown
16A	DIA_THER	Current therapy 1 = Oral medicine 2 = Insulin 3 = Both 4 = Neither
17	SNORING	Snoring 1 = Not at all 2 = Occasionally, lightly 3 = Usually 4 = Constantly, loudly 5 = Unknown
16	PTCA	PTCA or other interventional cardiovascular procedure 1 = Yes, 2 = No, 3 = Unknown
19A	ROSE1	Ever had pain or discomfort in chest? 1 = Yes, 2 = No
19B	ROSE2	Do you get it when you walk uphill or hurry? 1 = Yes, 2 = No
19C	ROSE3	Do you get it at an ordinary pace? 1 = Yes, 2 = No
19D	ROSE4	What do you do if you get it while walking? 1 = Stop or slow down, 2 = Carry on
19E	ROSE5	If you stand still, what happens? 1 = Relieved, 2 = Not relieved
19F	ROSE6	How soon? 1 = 10 minutes or less 2 = More than 10 minutes
19G1	ROSE7	Sternum (upper or middle) pain on effort 1 = Yes

HISTORY & PHYSICAL EXAM (Continued)

FORM/ITEM	VARIABLE NAME	CODES
19G2	ROSE8	Sternum (lower) pain on effort 1 = Yes
1 YG3	ROSE9	Left anterior chest 1 = Yes
19G4	ROSE10	Left arm 1 = Yes
19G5	ROSE1 1	Other 1 = Yes
19H	ROSE1 2	Do you feel it anywhere else? 1 = Yes, 2 = No
20A-G		Medications taken within 4 weeks of visit date 1 = Yes, 2 = No, 3 = Unknown
20A	NITRATE	Nitrate
20days	NIT-DAYS	Days since last dose
20B	BETA	Beta-blockers
20Bdays	BETADAYS	Days since last dose
20c	CCB	Calcium channel blocker
20Cdays	CCB_DAYS	Days since last dose
20D	ANTIDEPR	Antidepressant
20Ddays	ANTIDAYS	Days since last dose
20E	ANXIOL	Anxiolytics
20Edays	ANX_DAYS	Days since last dose
20F	ANALGES	Analgesics
20Fdays	ANALDAYS	Days since last dose
20G	SLEEPING	Sleeping pills
20Gdays	SLP_DAYS	Days since last dose
Calc	BMI	Body Mass Index
23	CARD	Cardiovascular 1 = Normal, 2 = Abnormal
24	LUNGS	Lungs 1 = Normal, 2 = Abnormal